



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LICENSING AND REGULATORY SERVICES

**Adult Day Services and/or Assisted Housing Programs**  
Request for Waiver

<b>SECTION 1: Program Information</b>			
Program/Facility Name:			
Mailing Address:			
City:	State:	Zip:	County:
Physical Address:			
City:	State:	Zip:	County:
Telephone No.: (      )		Fax No.: (      )	
Email Address:			

<b>SECTION 2: Program Type</b>
<b>REQUEST FOR WAIVER</b>
<i>Select type of program:</i>  <input type="checkbox"/> Assisted Housing Programs (Includes Level I, II, III, IV and Assisted Living Programs) – See Section 3.23 of “Regulations Governing the Licensing and Functioning of Assisted Housing Programs”.  <input type="checkbox"/> Adult Day Services Programs – See Section 2.9 of “Regulations Governing the Licensing and Functioning of Adult Day Services Programs”.

**Instructions for requesting a waiver:** The Department may waive or modify any provision(s) of these regulations as long as the provision is not mandated by state or federal law and does not violate resident rights described in Section 5 of these regulations. The applicant/licensee shall indicate, in writing, what alternative method will comply with the intent of the regulation for which the waiver is sought. If approved, the waiver may be time limited.

**Informal review of waiver denial:** The applicant/licensee may appeal a decision of the Department to deny a waiver request by submitting a written request for an informal review by the Department, or its designee, within ten (10) working days of the date of receipt of the denial. The applicant/licensee shall state in the written request, the grounds for the appeal. Should the applicant/licensee disagree with the informal review decision, an administrative hearing (pursuant to the Maine Administrative Procedures Act) may be requested within ten (10) working days of the date of notice or receipt of the informal review decision by writing to the Department. Please forward such requests to the address below.

*For questions regarding this program and/or application, please contact the following:*

Department of Health and Human Services  
Licensing and Regulatory Services  
Adult Day Services Program/Assisted Housing Program  
41 Anthony Ave; 11 State House Station  
Augusta, ME 04333-0011

Tel: (207) 287-9300      Fax: (207) 287-2671      Toll Free: 1-800-791-4080      TTY users call Maine relay 711  
Email: [dlrs.info@maine.gov](mailto:dlrs.info@maine.gov)

SECTION 3: Waiver Information		
Regulation Number:	Explanation of the reason(s) why the regulation(s) cannot be met:	Alternative method of how the facility will meet the intent of the regulation(s):

**Failure to submit the required information will delay the processing of your request.**

- I/We certify that all information provided herein is true and correct to the best of my knowledge.

Date \_\_\_\_\_

Comments: